

January 2005



Nutrition and WIC Update

From the State WIC Director

David Thomason

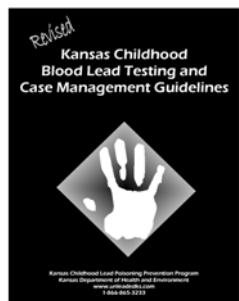
I want to start the year off by expressing my sincere thanks for a successful 2004. Can you believe it? We rolled out a totally new, statewide WIC system. Thanks for attending training and making the roll out a success. Thanks to the steering committee and all who tested and made suggestions all along the way. Your input was invaluable. I want to say a special thank you to Mary Ann Parkin of Franklin County. Mary Ann left her county responsibilities and worked at the state level to make sure that the KWIC system met the needs of local WIC programs. Without Mary Ann, the system would not be as good as it is. As she returns to Franklin County full time, know that she is well regarded and missed. I hope everyone continues to feel excited about the WIC program as we start 2005. Here are a few items of interest I want you to be aware of as we start 2005:

1. We welcome a new advisory group to help maintain and improve the KWIC system. Members of this group will assist in reviewing problems, suggesting solutions, and testing the results of system changes prior to roll out.
2. Kansas received \$123,000 to fund a Breastfeeding Peer Counselor program. The USDA would like to institutionalize Breastfeeding Peer Counselors as one of the benefits of participating in the WIC program. Recently each Local Agency will receive information about applying for these funds. The funding will provide training, salaries, and general expenses. Our goal is that the peer counselor program will provide services to as many participants as possible.
3. We continue efforts to maximize the amount and timing of dollars allocated to each local agency for Nutrition Services and Administration. General funding for federal fiscal year (FFY) 2005 looks to be holding at the same level as last year. Funding for FFY2006 may not be as positive. We'll have to wait and see. Brad Iams is working on local agency contracts to coordinate them with the federal fiscal year. As you recall we attempted this several years ago and had to return to a state fiscal year time frame. This time around we have resolved the accounting difficulties. If you have any input in this area please contact Brad.
4. KDHE is developing an immunization registry for Kansas. Non-WIC funding will allow for an interface between the KWIC system and the registry. WIC and Immunization staff are meeting with system developers to design an interface that meets federal privacy regulations and have up to date immunization information on virtually all children in the state. Stay tuned for further details.
5. From May 22-25, the USDA Mountain Plains Region will host the Annual Conference of the National WIC Association. The conference will be held in St. Louis, Missouri. The Missouri WIC director and I are serving as co-chairman of the conference committee. The SA will make funds available to each Local Agency that would like to send someone to the conference. These funds may not be able to defray all costs, but my hope is that many Local Agencies will be able to participate. There are opportunities to serve as volunteers during the conference and if you would like to volunteer, please let me know. You may visit the National WIC Association's web page for information. Look for more information in an upcoming I-memo.

All in all, 2005 looks to be as exciting as 2004. I look forward to visiting with you during the year, perhaps at a regional WIC Technical Meeting or in your clinic. Wherever we meet, please accept my best wishes for a happy and successful new year.

Lead Testing Guidelines

Jessica Brack, Child Health Coordinator, Childhood Lead Poisoning Prevention Program



The *Kansas Childhood Blood Lead Testing and Case Management Guidelines* were recently revised to impact the largest numbers of children at high risk for lead poisoning. Particular emphasis has been placed on children under three years old and at high risk. The Centers for Disease Control and Prevention (CDC) estimates approximately 6,400 Kansas children under the age of 6 have elevated blood lead levels greater than or equal to 10 micrograms per deciliter. However, there is no safe level of lead. Early identification and treatment of lead poisoning reduces the risk that children will suffer permanent damage. A blood lead test is the only way to tell if a child has an elevated blood level.

These guidelines will assist health care providers and local health agencies in a widespread effort to increase testing rates, follow-up and case management care for children with elevated blood lead levels across Kansas. For a copy please call toll-free (866) 865-3233, e-mail at lead@kdhe.state.ks.us or download a copy at www.unleadedks.com/publications

The Kansas Chautauqua Informatics Project

Mary Washburn, Nutrition Services Coordinator

"Computers are useless. They only give you answers."
Pablo Picasso

Now that you are a KWIC expert would you like to expand your computer skills? The Kansas Chautauqua Informatics Project is offering computer skills assessment and training in these computer programs: Microsoft Word, Excel, and Outlook. This training is sponsored by KDHE, The Department of Preventive Medicine and Public Health at the KU School of Medicine-Wichita, The Heartland Centers for Public Health Workforce Development, and the Workforce and Leadership Development Center. No additional funds are available for this training but the costs for assessment and training are an allowable WIC expense for WIC employees. The skills assessment is completed through the internet and basic, intermediate and advanced training is being scheduled at sites around Kansas. Health Department Administrators may contact Julie Oler-Manske, Chautauqua Project Manager, at (316) 293-2626 or at jolerman@kumc.edu for more information.

Local Agency News

Welcome to these new employees:

Atchison County: Nancy Thummel, RN
Barber County: Heather Henke, RN
Cherokee County: Lori Ferraro, RN
Douglas County: Ginger Salmans, Clinic Assistant
Ford County: Anna Torres, Clerk
Meade County: Ann Parcel, Clerk
Riley County: Lisa Jones, Nutritionist
Sedgwick County: Cynthia Brown, RN
Sedgwick County: Emily Walker, RDE
Sedgwick County: Beth Collins, RDE
Shawnee County: Barbara Casto, Clerk

We say farewell to these friends:

Douglas County: Shawn Hastie, Clinic Assistant
Hodgeman County: Shannon Gibbons
Meade County: Pricilla Schlichting, Clerk
Morris County: Susan Fouts, RN
Riley County: Barbara Herrman, RD
Sedgwick County: Heather Wallace, RD
Sedgwick County: Mattie Lynn, RN
Sedgwick County: Yvonne Soliz, Clerk

Nutrition Risk Factor Update – Possibility of Regression

Sandy Perkins, Maternal and Child Nutrition Consultant

Possibility of Regression Risk Factors

When there is a possibility of regression in nutrition status without the WIC benefits, the “Possibility of Regression” risk factor (regression) may be assigned. This risk factor may only be assigned to active or expired breastfeeding and postpartum women or children. The risk factor “Possibility of Regression” may be assigned to any current WIC participant based on regression from any other risk factor previously assigned. For children, there are two additional regression risk factors. To assign either the risk factor “Possibility of Regression of Hemoglobin / Hematocrit” or “Possibility of Regression of Weight,” the referenced risk factors must have been assigned within one of the two most recent certification periods. The regression risk factors may be used for up to two consecutive subsequent certification periods.



If other risk conditions are present which are the same priority or greater than the regression risk factor, certification **must** be based on these risk factors and a possibility of regression risk factor should not be assigned. However, if a lower priority condition is present, the regression risk factor should be also used. (See example.)

Example:

Three children are in for a subsequent certification. At the last certification, two of the children were assigned the risk factors: Low Hemoglobin / Hematocrit, Inappropriate Diet and Short Stature, standing height. The third child was assigned the Inappropriate Diet risk factor only

Child #1: At this visit, the nutrition/medical assessment indicates that the low hemoglobin / hematocrit has resolved but the criteria for the risk factors Inappropriate Diet and Short Stature, standing height are still present. These two risk factors should be assigned, and the child is a priority three nutrition risk. Priorities are automatically assigned by KWIC.

Child #2: At this visit, the nutrition/medical assessment indicates that both the low hemoglobin / hematocrit and short stature have resolved but the criteria for Inappropriate Diet risk factor is still present. The Possibility of Regression of Hemoglobin/Hematocrit risk factor should be assigned in addition to the Inappropriate Diet I risk factor. The child is a priority three nutrition risk.

Child #3: At this visit, the nutrition/medical assessment indicates that the inappropriate diet has resolved. The Possibility of Regression risk factor should be assigned. The child is a priority seven nutrition risk.

The competent professional authority (CPA) should document the reason there is a possibility of regression in nutrition status without the WIC benefits on the plan or the notes tab in the KWIC system.

Web Sites of Interest



http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/rtp_practitioner_10_07.pdf

The first installment in the Research to Practice series entitled **“Can Eating Fruits and Vegetables Help People to Manage Their Weight?”** is now available on the Centers for Disease Prevention Nutrition Division Web site. This piece, developed for health professionals, summarizes the evidence that substituting fruits and vegetables in place of higher density foods is an effective way to decrease caloric intake in order to lose weight.

“Childhood Obesity: A Food and Nutrition Resource List for Educators and Researchers” has been updated and is now available online (in both HTML and PDF formats) at http://www.nal.usda.gov/fnic/pubs_and_db.html. This resource list is available from the Food and Nutrition Information Center of the USDA National Agricultural Library.

www.mchoralhealth.org/OpenWide/index.htm The National Maternal and Child Oral Health Resource Center has recently developed a series of four online modules entitled *Open Wide: Oral Health Training for Health Professionals*. These modules are designed to help health professionals working in WIC and Head Start promote oral health. Each module takes approximately 10 minutes to complete.

http://www.hmhbwa.org/forprof/BCW/education_materials.htm Check out this web site if you are interested in materials on breastfeeding and working. Look for the link to “Working & Breastfeeding—It’s Worth It.”

KWIC Check Stock and Printer Toner - Plan Ahead

Mary Ann Gabel, WIC and CSFP Program Consultant

Each Local Agency (LA) recently received a copy of the KWIC Owners Guide, dated July 22, 2004. Included on pages four-six, is the reorder policy for check printer toner and instructions on determining when it is time to reorder toner cartridges. Plan to review the information contained in the KWIC Owners Guide and establish a monthly schedule to monitor the agency’s usage and to insure that a usable spare cartridge is on hand four months before you need.

Some agencies have placed emergency orders because their printer cartridges ran out of ink and they failed to have a backup cartridge. One such emergency order cost the State Agency \$88 in freight charges to ship one cartridge for overnight delivery. Currently, the State Agency pays all shipping charges; however, the LA may be required to pay shipping charges for preventable emergency orders in the future.

Emergency orders of KWIC check stock have also occurred. Each LA should plan ahead to ensure that they will be able to provide services with sufficient supplies. Check stock orders require six weeks from date of order to delivery date. Establish a monthly schedule to monitor your agency’s usage of check stock. Remember there are three checks to each sheet and an average of three checks printed for each client. If your agency prints checks for a three-month period of time, you should have sufficient stock on hand to provide checks to your clients at the time of their appointments. For example, if you have 1,000 clients, you will need 3,000 sheets of check stock for each three-month period.

$1,000 \text{ clients} \times 3 \text{ checks} \times 3 \text{ months} = 9,000 \text{ checks}$

$9,000 \text{ checks} / 3 \text{ checks per sheet} = 3,000 \text{ sheets}$

Planning ahead prevents emergency orders that are costly to the WIC program, which may become costly to the Local Agency.

KWIC Activities

Roger Lewis, KWIC Project Manager



Kansas WIC has fundamentally changed since August 2003. We pretty much did everything right and avoided many surprises. And “we” includes all of the WIC clinic staff across the state, health department staff, local technical staff, state WIC staff, Starling Consulting, and others. Now that KWIC has been in use statewide for eight months, we have much more experience with how it works and are in a much better position to know exactly what we want. To take advantage of this insight, a group of clinic staff from across the state have gathered to review improvement suggestions and reported problems.

This group will evaluate this material and develop a list of priority changes for KWIC. This priority list will be published in future newsletters. For now, the priority changes are:

- Odd system functioning seen in missing income, transfers, migrant certification, and recording measures caused by the way some information is stored in KWIC.
- Report review to validate numbers and terminology, ie. daily client activity report.
- A variety of problems with slow response time, lost connections, and printing errors connected to the software used for Internet communications (Citrix).

The group will meet again in January to complete the review of all outstanding suggestions.

The KWIC software is the primary focus of almost everyone’s attention until access to the system is lost. Seventeen months ago we had scales, a Hemocue, an AVP computer, and a simple printer. Now, each clinic has an assortment of complex firewalls, Internet connections, IP addresses, anti virus software, communication switches, network wiring, uninterruptible power supplies, laser printers, computers, notebook computers, wireless routers, and surge protectors.

The introduction of all of these new components took time to stabilize. Around 95 percent of the clinics have relatively few problems now thanks to the work of local WIC, technology, and KWIC operations staff. If you have not been involved with this first hand, words can not properly describe the pain of a two hour phone call to get warranty service, or having the repair that took days to arrange not work. These are mostly new tasks in the clinics but everyone is learning fast. Resolving the problems in the last few clinics is a priority.

Resource material like the KWIC Owners Guide was produced to help deal with some of the more common situations encountered. The guide and other related material will be incorporated in the Policy and Procedure Manual in coming months.

The KWIC help desk remains the key to the smooth running of the system. You are going to have to know the policy, but they can help you with the rest from the ounces field on the measures tab to that IP address. Give them a call if you see something that does not look right or have a question.



Question and Answer

Q: A mother is in my clinic for her infant's checks. She states that the infant is not tolerating Enfamil and she wants to try Prosobee. How should we help this mother and infant?

A: Depending upon your clinic circumstances, there are several different ways to help this mother.

- If you have Prosobee on your shelf AND will be available at that WIC clinic location within the next week or so for the mother to return-
 - Give the mother a few cans for a formula trial to last five days or until you will be available at that clinic location again..
 - Document the formula issuance
 - on the Formula Tracking sheet and
 - add a note in KWIC, using either the F/U or the 2C wizard as appropriate. The KWIC note should also include the reason for the Prosobee trial. (eg. - Mother reports that the infant is very gassy and fussy on Enfamil and that she would like to try Prosobee.)
 - Schedule an appointment to discuss the formula trial with the mother and to issue appropriate checks for the infant.
 - Remind the mother to bring back any unused cans of formula. (remember to document any formula returned on the Formula Tracking sheet)
 - Document the results of the formula trial in KWIC, using either the F/U or the 2C wizard as appropriate.
- If you do not have Prosobee on your shelf OR will not be available at that WIC clinic location within the next week or so -
 - Using the check pick up tab, change the infant's food package to Prosobee.
 - Issue enough checks to last one month or until you will be at that clinic location again.
 - Instruct the mother to use the check with the least amount of formula on it first.
 - Make a note in KWIC, using either the check note, the F/U, or the 2C wizard as appropriate. The KWIC note should include the reason the food package is being changed to Prosobee. (eg. - Mother reports that the infant is very gassy and fussy on Enfamil and that she would like to try Prosobee.)
 - Provide the Mother with WIC contact information, in case the infant has any trouble with the formula before your next clinic at that site.
 - If the mother contacts you about problems with the Prosobee, work with her to schedule an appointment for her to return the remaining cans of Prosobee and/or formula checks.
 - Document any returned formula on the Formula Tracking sheet.
 - Void any returned checks using the Void/Replace Wizard.
 - Using Reissue Formula Checks print checks for the new formula type.
- If the formula requested is not a rebated formula, the Special Formula Authorization form must be completed and documented into KWIC as well as formula trials, as appropriate.
- For more information refer to the Formula Policy on PPM page 11-2-21. Additional information is included in the Documentation and Use of Returned Formula/Formula Tracking Sheet distributed at KWIC training. If you need a copy of the Tracking Sheet please contact your management evaluation state staff contact.

Taking The Mystery Out of Self-Study

Pat Dunavan, Nutrition Education Specialist



Nutrition on your own. Self-study notebooks. Nutrition notebooks. Whatever the name, self-study lesson plans are popular as an alternative to more traditional group classes. The basic self-study is a written lesson which a participant reads and answers questions about the topic as they proceed through the lesson. The concepts presented in the lesson are very simplistic focusing on only a few ideas. Other state WIC programs began using these self-study notebooks with many working clients who could not attend other group nutrition education.

There are many advantages to using self-study notebooks. Among the advantages are:

1. The lesson can be used many times after it is written with minimal staff effort, unlike a traditional class, which is presented over and over by local staff.
2. Self-studies allow clients to pick topics more closely meeting their nutrition risk factors and needs.
3. Self-studies can be used at any time and on any day, so are available at check pick-ups.
4. The nutritionist is assured that the same material will be covered with clients using a particular self-study.
5. Self-studies provide an alternative to a 2C visit in agencies where there are not enough clients in a particular client category to justify a group class. For instance, if there are only four pregnant women in your clinic, a self-study may be a better choice than four individual counseling visits or a group class.
6. Staff with a particular nutrition/health expertise may write the self-studies. For instance, if the nurse is the breastfeeding coordinator, she may want to write a self-study on some aspect of breastfeeding management.

But just as there are advantages to using self-studies, there are also disadvantages. Among the disadvantages are:

1. Self-studies take more initial time to write and develop the questions required for the assessment of learning.
2. Self-studies do not work well with clients who do not read well. Because the learning and assessment are based upon good reading skills, other alternatives still need to be available for these clients.
3. Because the topics are fairly simplistic, it often takes several more self-studies to cover the same information that could be provided in one more traditional class.
4. For clients who do not speak or read English, the self-study materials must be translated into another language.
5. Each self-study must be entered into the KWIC system as a class in the class management screen. If there are several notebooks being used each month, this can mean more work for staff to enter all of the topics.
6. Clients miss out on the interaction with other class participants and staff that is often a part of a more traditional nutrition class or facilitated discussion.
7. Several copies of the self-study, and the assessment sheets, must be available so that more than one client can use the study at the same time.
8. If a mobile clinic uses self-studies, it may entail transporting several notebooks every month to the outlying sites.

Because self-study notebooks are relatively new in Kansas, we have established some guidelines for their use. If your clinic chooses to develop a self-study, be sure that:

1. As with all nutrition education classes, each self-study lesson includes objectives, a method of evaluation, and the target audience. If a clinic chooses, the objectives and target audience may be kept on a separate sheet on file rather than in the notebook.
2. The evaluation sheet should include the participant's name and date. This will assist in recording attendance in KWIC after check pick up.
3. If a clinic has clients whose primary language is not English, the self-study must be translated into that language, or another class must be available on a similar topic.
4. There is a method for staff to answer questions, refer the client to the RD, and assist clients using the materials.
5. Alternative nutrition education is available for those who do not wish not to use the self-study materials.
6. Use of the self-study materials is tracked in the KWIC system using Class Management attendance rosters.

Self-study notebooks are valuable tools in providing nutrition education to your clients. But as with all nutrition education techniques, it must be used wisely. If you have any questions regarding the use of self-study notebooks, please contact Pat Dunavan at pdunavan@kdhe.state.ks.us.

Weighty Matters: A Presentation Hosted by Leavenworth County WIC and K-State Extension

Karen Savage, MS, RD, LD, Leavenworth County WIC Coordinator

One of our Childhood Obesity Nutrition Action Plan goals for 2003-2004 in Leavenworth County was to offer a training event for child care providers, community leaders, and other interested persons. The topic was the spread of childhood obesity and ways to support healthier lifestyles within the community.

The planning committee consisted of Karen From, MS, RD, LD who was the WIC coordinator at the time, Denise Sullivan, from Kansas State Extension and myself. The event was held in March 2004 in conjunction with National Nutrition Month.

We titled the event “Weighty Matters.” The format included a power point presentation, handouts, and resource lists. We targeted three main points:

- Obesity, the definition and complications. (the “complications” were addressed by a local pediatrician.)
- Root causes to include calories in, calories out, physical activity, television/video viewing, and family meal time
- Solutions to include portion sizes, beverage choices, exercise, and snacks.

Kansas State Extension provided a healthy snack. The participants designed their own yogurt sundae with a choice of fruit and nut toppings. Credit hours for day care providers were awarded.

Evaluation comments included:

- Really great workshop!
- Good info.
- Parents need to get info and do the same.
- Thanks for the Web sites.

One day care provider made an interesting comment. She said that one of her charges did not know what a chicken leg was when it was offered to her. She had only ever had chicken nuggets. Much work was involved in offering the presentation but we all enjoyed ourselves.





Why Obese Women Don't Breastfeed

Pat Dunavan, Nutrition Education Specialist

Studies have shown that overweight mothers are significantly more likely to quit breastfeeding their infants sooner than do healthy weight mothers. An important reason why is the weaker biological response that heavier women have to their babies' suckling, according to a study conducted by researchers at Cornell University. Researchers found that overweight women have a lower prolactin response to suckling, according to the study, which was published in the journal *Pediatrics* (Vol. 113, No. 5, May 2004). Prolactin, a hormone produced by the pituitary gland, stimulates the mammary glands to produce milk soon after birth.

The study concluded that lower prolactin response to nursing compromises the ability of overweight women to produce milk and leads to a significantly shorter period of breastfeeding. The study measured prolactin and progesterone concentrations in 40 mothers just before and 30 minutes after breastfeeding, at 48 hours after delivery and again a week after birth. The overweight women had a body mass index (BMI) of at least 26 before conception.

The researchers found that the overweight women produced dramatically less prolactin 48 hours after birth and moderately less seven days after birth compared with the women who were not overweight. They found no significant differences in progesterone values. Progesterone helps maintain pregnancy and helps trigger milk production as soon as its levels fall after giving birth. Since fat tissue concentrates progesterone, the researchers had hypothesized that this additional source of progesterone in overweight women might delay milk production. However, the study did not support this hypothesis. Although obese women might have trouble breastfeeding for a combination of physical reasons, the new study is the first to find a biological reason.

In 1997 Rasmussen, the lead researcher, reported that overweight and obese mothers were 2.5 to 3.6 times, respectively, less successful in starting breastfeeding than mothers who were not overweight, and the heavier the mother, the less successful she was at breastfeeding. In 2001 Rasmussen reported that normal weight women who gain more than the 24 to 35 pounds during pregnancy recommended by the Institute of Medicine are 74 percent more likely to be unsuccessful at breastfeeding than mothers who observe these guidelines. However, women who are obese before pregnancy do not further increase their already high risk of lactation failure, regardless of their weight gain after conception.

Rasmussen recommends overweight women who give birth should consult with a lactation expert to be sure they receive adequate breastfeeding education before being discharged from the hospital. Ideally, they also should receive follow-up support to help them continue to breastfeed.

K.M. Rasmussen, C.L. Kjolhede. *Prepregnant Overweight and Obesity Diminish the Prolactin Response to Suckling in the First Week Postpartum*. *Pediatrics*, Vol 113 No. 5, May 2004, pp. e465-e471.

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